



PHYSICAL THERAPY TREATMENT AUTHORIZATION FAX REQUEST

Please read the instructions on the second page before completing this form.

To: **Provider Hot Line Staff** Fax #: **(360) 902 - 6490**

From:

Physical Therapist Business Name

Contact name at Physical Therapist's office

Phone # at Physical Therapist's office

Fax # at Physical Therapist's office

Injured Worker Name/Claim #

WORKER NAME

WORKER CLAIM #

Prescribing Doctor Name

(PLEASE PRINT FULL NAME OF DOCTOR)

Area(s) of body being treated:

Number of treatment visits to date _____

AUTHORIZATION REQUESTED FOR PHYSICAL THERAPY TREATMENT

(Provider – complete/read statements 1 and 2 below, and sign on the signature line, #3.)

1. Maximum of _____ treatments beginning on (dates) _____ through _____

2. **By signing below, I certify the following statements to be true:**

- *The worker has shown progress during physical therapy treatment.*
- *The prescribing doctor has recommended continuing physical therapy treatment, and documentation has or is being sent to L&I.*
- *An initial evaluation report has been prepared and has or is being sent to L&I.*
- *Progress reports required by L&I have or are being sent to L&I.*
- *Treatment being provided is considered to be for the effects of the industrial injury.*

3. Provider's Signature

Department response requested via ☐ FAX ☐ PHONE

DEPARTMENT RESPONSE SECTION

- ☐ **The physical therapy treatment requested has been authorized.**
- ☐ **The physical therapy treatment requested has been referred to the claim manager.**
- ☐ **The physical therapy treatment requested is denied.**

Explanation:

Dept. Action by:

Name of department staff member

Date and Time

Physical Therapy Treatment Authorization Fax Request

Instructions for Completion

(Form F248-055-000)

This form is to be filled out by the therapy provider/clinic that is requesting authorization for continued physical therapy services.

Providers are reminded that this form is only to be used to request authorization for outpatient physical therapy services (including hand therapy provided by a physical therapist and/or physical therapist assistant) for State Fund claims.

Please do not send requests for self-insured carriers, occupational or massage therapy, work conditioning, work hardening, and equipment/supplies. Provider Hot Line staff will not be able to act upon these requests.

All fields at the top of the form must be legibly and fully completed.

Pressing the reset button will clear all fields. The reset button will not show up when the form is printed. The form must not be e-mailed to the department. Authorization requests using this form must be done by fax.

Number of treatment visits to date: **Indicate the number of treatments provided by your facility during the current episode of care.**

Section 1: Indicate the number of visits being requested at this time, and the time frame during which you anticipate that the visits will be completed. For example, request 12 visits beginning on July 1, 2003 through August 15, 2003. *Note: this does not prevent authorization of additional visits if warranted at the completion of this treatment span*

Section 3: The primary therapist or the therapist's designated representative must sign the form to verify that the statements in section 2 are true.

Preferred response: Indicate whether you wish to receive a response from the Provider Hot Line staff by fax or by phone.

Progress reports and prescriptions may be faxed along with your request, or may be mailed directly to the department along with daily notes and other records (worker name and claim number on top right corner of each page). The mailing address for claim correspondence is: Department of Labor and Industries, PO Box 44291, Olympia, WA 98504-4291.

Print and then fax the form to the Provider Hot Line at (360) 902-6490. **DO NOT** fax the form to the claims unit fax line or mail it to the department. Do not email any claim correspondence to the department.

If you have additional questions about completing the form, contact the Therapist Consultant Coordinator at (360) 902-5622.